

ALLENTOWN DIOCESE 8TH GRADE STUDENT PROFILE

Student _____ School _____
 Family Name First Name Initial Code
 Sex _____ Parish _____

	7 th	8 th	
	Final Marks	Tri 1	Tri 2
Religion			
Mathematics			
Pre-Algebra			
Algebra			
Reading			
English*			
Social Studies			
Science			
Other			
AVERAGE			
Conduct			
Effort			
Days Absent			
*English- Literature, Language and Composition			
Please attach all service plans and evaluations.			

- A. Does the student have a diagnosed learning disability or giftedness? YES NO
- B. Does the student have any health concerns which require school support? YES NO
- C. Does the student have an Academic Support Plan? (Please attach) YES NO
- D. Has the student been referred for further evaluation? YES NO

If yes, please explain: _____

- E. The student received: (Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> Speech/Language Therapy | <input type="checkbox"/> ELL |
| <input type="checkbox"/> Hearing / Vision Therapy | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Title I / Act 89 Services | <input type="checkbox"/> Psychological/Educational Evaluation |
| <input type="checkbox"/> Aquinas Services | <input type="checkbox"/> Counseling |

- F. Do you recommend the student be placed in accelerated classes in any content area: If so, name the area(s):
- Theology Mathematics English S. Studies Science
- Others: List _____

- G. Do you recommend the student be placed in remedial classes in any content area: If so, name the areas:
- Theology Mathematics English S. Studies Science
- Others: List _____

- H. Should the counselor be aware of any home situations: _____ Are there concerns we should follow up on? YES NO
- Please explain: _____

- I. Does the student's objective classroom testing reflect his/her classroom performance? YES NO

PASTE ITBS TEST SCORES HERE



PASTE COGNITIVE ABILITIES TEST SCORES HERE

